

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wake Emergency Physicians, PA PAC

ADDRESS (number and street) ▼

210 Towne Village Drive

☐ Check if different than previously reported. (ACC)

Cary

NC

27513

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00412841

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Roy Shelton

Signature of Treasurer

Steven Roy Shelton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

13

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wake Emergency Physicians, PA PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="83682.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83682.34"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9625.00"/>	<input type="text" value="9625.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="93307.34"/>	<input type="text" value="93307.34"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="88307.34"/>	<input type="text" value="88307.34"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wake Emergency Physicians, PA PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9000.00

9000.00

(ii) Unitemized .....

625.00

625.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

9625.00

9625.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

9625.00

9625.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

9625.00

9625.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

9625.00

9625.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	5000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9625.00	9625.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9625.00	9625.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

**A. Jill Benson**

Mailing Address 105 Phacelia Way

City	State	Zip Code
Cary	NC	27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PAOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.5954

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**B. Gregory Cannon**

Mailing Address 129 Loch Pointe Dr

City	State	Zip Code
Cary	NC	27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PAOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.5955

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**C. Jerfi Cicin**

Mailing Address 104 Corsica Lane

City	State	Zip Code
Cary	NC	27511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PAOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.5956

Amount of Each Receipt this Period

375.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Cook**

Mailing Address 2520 Umbria Court

City State Zip Code  
 Apex NC 27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wake Emergency Physicians PA

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5957

Amount of Each Receipt this Period

375.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**B. David Dubow**

Mailing Address 2609 Crofton Springs Drive

City State Zip Code  
 Raleigh NC 27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wake Emergency Physicians, PA

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5958

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**C. Olly Duckett**

Mailing Address 325 Meeting House Circle

City State Zip Code  
 Raleigh NC 27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wake Emergency Physicians, PA

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5959

Amount of Each Receipt this Period

250.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 8 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

**A. Benjamin German**

Mailing Address 9814 Macon Road

City Raleigh State NC Zip Code 27613

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5960

Amount of Each Receipt this Period

375.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**B. Gay Gooden**

Mailing Address 124 Duncansby Court

City Cary State NC Zip Code 27511

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5961

Amount of Each Receipt this Period

375.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**C. Amy Griffin**

Mailing Address 220 Midden Way

City Holly Springs State NC Zip Code 27540

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5962

Amount of Each Receipt this Period

250.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

## **A. Penny Jo Hamilton**

Mailing Address 580 Vista Del Lago Ln

City State Zip Code  
Wake Forest NC 27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5963

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

## **B. Gautam Khandelwal**

Mailing Address 3229 Corsham Drive

City State Zip Code  
Apex NC 27539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5965

Amount of Each Receipt this Period

375.00

Payroll contribution

Full Name (Last, First, Middle Initial)

## **C. David Leader**

Mailing Address 1937 Partridgeberry Drive

City State Zip Code  
Raleigh NC 27606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period

250.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

## **A. Miha Lucas**

Mailing Address 2148 Lakeshore Court

City State Zip Code  
 Chapel Hill NC 27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wake Emergency Physicians, PA

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5969

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

## **B. Courtney Mann**

Mailing Address 12317 Beestone Lane

City State Zip Code  
 Raleigh NC 27614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wake Emergency Physicians, PA

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5970

Amount of Each Receipt this Period

375.00

Payroll contribution

Full Name (Last, First, Middle Initial)

## **C. Erik Manning**

Mailing Address 3100 Birnamwood Road

City State Zip Code  
 Raleigh NC 27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wake Emergency Physicians, PA

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5971

Amount of Each Receipt this Period

250.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

**A. Rodney McCaskill**

Mailing Address 4124 Stansted Drive

City State Zip Code  
Fuquay-Varina NC 27526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5972

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**B. Cary McDonald**

Mailing Address 106 Juniper Place

City State Zip Code  
Chapel Hill NC 27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5973

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**C. James Merritt**

Mailing Address 510 Lindo Johnson Road

City State Zip Code  
Pittsboro NC 27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5974

Amount of Each Receipt this Period

375.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

**A. James Palombaro**

Mailing Address 11500 Black Horse Run

City Raleigh State NC Zip Code 27613

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5975

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**B. Swapnesh Patel**

Mailing Address 314 Felspar Way

City Cary State NC Zip Code 27518

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5978

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**C. Eduardo Piqueras**

Mailing Address 210 Faraday Court

City Cary State NC Zip Code 27518

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5979

Amount of Each Receipt this Period

250.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

**A. Sanjay Premakumar**

Mailing Address 1406 Shepherd Street

City State Zip Code  
Durham NC 27707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5980

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**B. Jennifer Raley**

Mailing Address 5408 Amsterdam Place

City State Zip Code  
Raleigh NC 27606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5981

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**C. David Rosenbaum**

Mailing Address 2112 Fallon Oaks Court

City State Zip Code  
Raleigh NC 27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emergency Physicians PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5982

Amount of Each Receipt this Period

250.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

**A. Graham Snyder**

Mailing Address 2520 Kenmore Dr.

City Raleigh State NC Zip Code 27608

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period

375.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**B. Geeta Subramaniam**

Mailing Address 106 Lendl Court

City Cary State NC Zip Code 27518

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5984

Amount of Each Receipt this Period

250.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**C. Paul Swiersz**

Mailing Address 807 Landuff Ct

City Cary State NC Zip Code 27519

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5985

Amount of Each Receipt this Period

375.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

**A. Doug Trocinski**

Mailing Address 6013 Crescent Knoll Drive

City Raleigh State NC Zip Code 27614

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5986

Amount of Each Receipt this Period

375.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**B. Carrie Vice**

Mailing Address 1220 High Glen Point

City Raleigh State NC Zip Code 27614

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5987

Amount of Each Receipt this Period

500.00

Payroll contribution

Full Name (Last, First, Middle Initial)

**C. Joseph Wiater**

Mailing Address 110 Legault Dr

City Cary State NC Zip Code 27513

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wake Emergency Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.5988

Amount of Each Receipt this Period

250.00

Payroll contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00

9000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wake Emergency Physicians, PA PAC**

Full Name (Last, First, Middle Initial)

**A. EMERGENCY DEPARTMENT PRACTICE MANAGEMENT ASSOCIATION PAC (EDPMA-PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2015

Mailing Address 8400 Westpark Drive  
2nd Floor

City McLean State VA Zip Code 22102

Purpose of Disbursement  
General Contribution

Candidate Name

Category/  
Type**Transaction ID : SB23.5990**

Amount of Each Disbursement this Period

5000.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

**TOTAL** This Period (last page this line number only).....▶

5000.00